



STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. BOX 3378
HONOLULU, HAWAII 96801

MOTOR VEHICLE TIRE IMPORTER REGISTRATION

SECTION A -- BUSINESS LOCATION INFORMATION

Business Name: agency, business, trade, and d/b/a name	Business Telephone:
Contact Person: if different from representative authorized to sign below	Contact Telephone:
Business Location: Complete physical address of business or real property. Listing a post office box or rural route number as your business location is not permitted.	Mailing Address:
City/State/ZIP:	City/State/ZIP:

Do you import motor vehicle tires into the State of Hawaii (including tires on motor vehicles brought into the State? ' Yes (Complete Sections B and C) ' No (Go to Section C)

SECTION B -- IMPORTER TYPE AND STATUS

Business Type (check all that apply):

- | | | |
|--|-------------|----------|
| ' Used Car Dealer: | ' Wholesale | ' Retail |
| ' New Car Dealer: | ' Wholesale | ' Retail |
| ' Motor vehicle tire distributor/retailer: | ' New | ' Used |
| ' Motor vehicle leasing: | ' New | ' Used |
| ' Motor vehicle rental: | ' New | ' Used |
| ' None of the above (describe) _____ | | |

(e.g., fleet installations)

Filing Status Pursuant to Act 173, HSL 2000, the company named above qualifies as (check one):

' A **quarterly filer** (imports more than 200 tires per calendar year);

REPORT PERIOD

October 1 - December 31
January 1 - March 31
April 1 - June 30
July 1 - September 30

PAYMENT DEADLINE

January 31
April 30
July 31
October 31

' An **annual filer** (imports 50 to 200 tires per calendar year); or

REPORT PERIOD

January 1 - December 31

PAYMENT DEADLINE

January 31

' An **exempt filer** (imports less than 50 tires per calendar year)

NOTE: Though exempt from payment, exempt filers are required to maintain records on the import of tires. These records shall be made available, upon request, for inspection by the Department of Health or its agent.

SECTION C -- DECLARATION AND SIGNATURE

I recognize that even when exempt from payment of the surcharge, that I am required to maintain records reflecting the importation of tires.

I certify that the information on this form is true and correct to the best of my knowledge. Should my status change at a later date, then I am required to notify the Department and to submit payment of the motor vehicle tire surcharge for each imported tire.

**SIGN
HERE**

Title _____

Print Name _____

Date _____

NOTE: If the registrant is a partnership or group other than a corporation or a public entity, the registration shall be made by one individual who is a member of the group. If the registrant is a corporation or a county, the registration shall be made by an officer of the corporation, general manager of the facility, or an authorized representative of the public entity.

Mail to: State of Hawaii
Department of Health
Office of Solid Waste Management
919 Ala Moana Blvd. Rm. 212
Honolulu, HI 96814

Phone: (808) 586-4240
Fax: (808) 586-7509